Volume 2026♦ Issue {#1

SIWA VAATS NEWS

PUBLICATION OF THE CHEMEHUEVI INDIAN TRIBE

DEPARTMENT LISTING

Tribal Administration
760-858-4219

Agriculture
760-858-1135

Community Center
760-858-5103

Conservation
760-401-4207

Cultural Center / THPO
760-858-1115 -760.858.1126

Education Center
760-858-1063

Environmental Department
760-858-1140

Diabetes Department
760-858-4240

Gaming Surveillance
760-858-4045

Head Start
760-858-4918

Health & Wellness
760-858-5426

Housing Department
760-858-4564

T.E.R.O.
760-858-5100

Tribal Court
760-858-4219

Havasu Landing Resort
760/858-4592

Havasu Landing Casino
760-858-4593

TRIBAL COUNCIL MEMBERS

Daniel Leivas
Chairman

Sheridan Silversmith,
Vice Chairwoman

Raymond Mejia,
Secretary-Treasurer

Arlene-King Escobar

Kostan Lathouris

Tito K. Smith

Edward “Butch” Ochoa

Autumn Craig

CHEMEHUEVI INDIAN TRIBE

Chemehuevi Indian Tribe
P.O. Box 1976

1990 Palo Verde Drive
Lake Havasu, CA 92363

Phone: 760-858-4219
Fax: 760-858-5401

Submit commentaries for future publications by e-mail to:
exec.sec@cit-nsn.gov
Or fax to:
760-858-5401
View Newsletter online:
www.chemehuevi.org

Tribal Council Regular Meeting
Saturday,
January 31, 2026
9:00 a.m.

Boards & Committees

VACANCIES:

Water Board (1) Vacancy

Health Board (2) Vacancies

HLH/HLC Board (2) Vacancies

Health Board email
health.board@cit-nsn.gov

Tribal Members can submit questions, comments or concerns.

Interested in serving on one or more Boards or Committees? (LIMIT 3)

Obtain your application on-line or contact the Tribal Office
760-858-4219 ext 103
exec.sec@cit-nsn.gov

ALL APPLICATIONS MUST BE TURNED IN ON JAN.21st BEFORE 12pm NOON.

Employment Opportunities

Come Apply:

Contact Info,

TO APPLY FOR RESORT OPENINGS CONTACT HR DEPARTMENT @ 760-858-4592 Ext.108

TO APPLY FOR CASINO OPENINGS CONTACT HR DEPARTMENT @ 760-858-4593 Ext. 301

TO APPLY FOR TRIBAL OPENINGS CONTACT TERO OFFICER @ 760-858-5100.

Community Resource Guide & Links

Are you a residential Southern California Edison (SCE) customer looking for energy assistance? The Chemehuevi Indian Tribe is partnering with SCE to help connect community members with available energy assistance programs and resources.

Medical Baseline Allowance
https://www.sce.com/save-money/rebates-financial-assistance/bill-assistance-programs/medical-baseline-allowance

Energy Saving Assistance
https://www.sce.com/save-money/income-qualified-programs/energy-savings-assistance-program

Ca. Alternate Rates for Energy (CARE) & Family Electric Rate Assistance (FERA) Discounted Rates
https://www.sce.com/save-money/income-qualified-programs/care-fera

Take a survey to see if you're available for any of the programs listed above.
Access & Functional Needs Self Identification Survey
https://cloud.sce.com/afn-survey-tribal

For more information, please visit www.sce.com

Enroll in TAX Exempt for your residential SCE bill if you are an enrolled Chemehuevi Tribal Member and a residential SCE Customer. Form is also available on www.chemehuevi.org, please return completed form to vice.chair@cit-nsn.gov.

ITCC Programs

More Quality Activities

- **Basketball Camps** Skill-building and teamwork-focused camps led by experienced coaches to inspire young athletes.
- **Sports Camps** Multi-sport programs promoting physical health, confidence, and a love for active living.
- **Back-to-School Drives** Helping families prepare for the school year with free backpacks, supplies, and resources.
- **Winter Coat Drives** Providing warm coats and winter essentials to those in need during the colder months.
- **Cultural Empowerment** Workshops and events that strengthen identity, pride, and leadership through cultural connection.
- **Cultural Preservation** Activities that honor and maintain traditional practices, stories, and languages across generations
- **Arts & Crafts** Creative spaces for self-expression, featuring traditional crafts such as beading, weaving, and more.

CCDF Vision

The vision of the ITCC CCDF staff is to enhance relationships among Tribes and unite for education, collaboration, communication and coordination to support high-quality, culturally relevant early care and education programs that honor Native American children, families and communities.

Inter-Tribal Council of California, Inc.
1624 Santa Clara Dr. Suite 145
Roseville, CA 95661

Phone: (916) 973-9581
Fax: (916) 973-0117
Website: www.itccinc.org

Michael Moreno- Executive Director,
Michaelm@itccinc.org
Phone: (916) 224-1473

Jose Arciniega- Child Care Program Director,
JoseA@itccinc.org
Phone: (916) 298-8631

Joaquin Esquvale– Child Care Program Assistant
JoaquinE@itccinc.org
Phone: (530) 240-8004

Kandie Carisoza– Child Care Program Assistant & Early Childcare Director
KandieC@itccinc.org
Phone (916) 405-0432

Inter-Tribal Council of California, Inc.

CHILD CARE AND DEVELOPMENT

Inter-Tribal Council of
California, Inc.
1624 Santa Clara Dr.
Suite 145
Roseville, CA 95661

Tel: (916) 973-9581
Fax: (916) 973-0117

ITCC Programs

Direct Services

PARENTS

- Inter-Tribal Council of California, Inc. (ITCC) Child Care Development Fund Program (CCDF) offers **Direct Payments/ Certificates to Providers on Behalf of Parents–** Based on parents' income, co-payments may be required to cover full cost of care. ITCC CCDF makes direct payment to providers. Certificate/payments are mailed.
- ITCC offers resources on effective parenting strategies and best practices, age development material,
- Cultural activities, events, and trainings to encourage healthy, nurturing, enriching relationships with children.

PROVIDERS

- Information on licensing requirements, nutrition, safety, etc.
- Site assessment for child care providers.
- Stipends to attend CPR and First Aid Certification.
- Information on sample daily schedules, and other sample child care business documents for child care providers.
- Assistance in locating support services such as networks, grants and loans, etc.

Quality Activities

Professional Development for Child Care Providers- Providers can earn **$25 and $50 stipends** up to the amount of $250.00 per year to attend training. Eligible trainings are put on by the provider's local child care resource and referral agency. Call ITCC CCDF to get the contact information for your county or go to the California Child Care Resource and Referral Network's website at http://www.rrnetwork.org/.

Financial Assistance and Grants for Providers- To maintain safe environments for children, ITCC CCDF will assist providers in maintaining compliance with minimum tribal child care health and safety standards. For more information see the ACF guide at: http://www.acf.hhs.gov/programs/ccb/ta/pubs/ms/ms1.htm

Children in need of protective custody

Children in need of **protective custody** (i.e. court or agency has the authority to regulate a child's residence) are among ITCC's highest priority for services and will be placed at the top of any waiting list.

ITCC's CCDF Eligibility Requirements

All workshops are open to the general public unless otherwise stated. ITCC will provide technical assistance to those Tribes who are administering their own CCDF program or will provide referrals and resource information. Vouchers are only available to the Tribes listed below and are based on income criteria and other conditions.

CONSORTIUM TRIBES

- Big Pine
- Grindstone
- Chemehuevi
- Elem
- Laytonville
- Guidiville
- Timbisha
- Middletown
- Paskenta
- Redwood Valley
- Trinidad
- Hung-a-lel-ti (Woodfords)
- Sherwood Valley

Inter-Tribal Council of California Inc.
Child Care & Development Fund (CCDF) Services

Parent/Guardian Name:_____ **Provider Name:**_____
Child(ren) Name:_____

Date of Enrollment: _____

CCDF Enrollment Checklist

Family Information	Date
Contract (With both Provider and Parent/Guardian Signature as well ITCC CCDF Director and ITCC Executive Director) will be sent upon acceptance	
CCDF Eligibility Application	
Eligibility Verification (Income/Work, Schooling, Job Seeking)	
Proof of Tribal Membership (Parent or Children)	
Receipt of Age Verification	

Non-Licensed Providers	Date
Verification of 18 and over (Picture I.D. Card or CDL)	
Copy of Social Security Card	
Proof of TB test	
Self-Certification Form	
Family Care Home visit	
Trust line Background Check (CCDF will complete)	
W-9 Request for Tax Payer ID number and Certification	

State Licensed Providers	Date
Copy of Day Care License	
Copy of Current Rate Sheet	
Copy of Provider Policies and Procedures	
Site visit	
W-9 Request for Tax Payer ID number and Certification	

Inter-Tribal Council of California, Inc.
Child Care and Development Fund (CCDF) Application

Eligibility Application:

1st Parent/Guardian Name_____ Telephone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

2nd Parent/Guardian Name: _____ Telephone: _____

Address: _____ Email Address:_____

City: _____ State: _____ Zip: _____ DOB: _____

Marital Status: Are you married? (Circle one): Yes/No

Are you disabled? ___ Yes; ___No. Provide legal documents regarding disability.

Please use your legal name on this application. If you recently had a name change, include supporting documents with this application.

List all members living in the Household with the exception of Applicant):

Name:	DOB	Disability?	Income:
1: _____	_____	Yes___ No___	_____
2: _____	_____	Yes___ No___	_____
3: _____	_____	Yes___ No___	_____
4: _____	_____	Yes___ No___	_____
5: _____	_____	Yes___ No___	_____

Income Information:

Must provide this information (Include all persons' income living in the house over the age of 18 years old and everyone living at the house.)

Household Size: _____ Total Household Income: $_____ per Year
(Gross Income)

Attach last 3 months pay stubs or Current School Schedule. Application will not be accepted without these documents. Any changes to your income level must be reported within 10 days to ITCC CCDF program.

Tribal Affiliation

Are you a tribal member? (Circle One): Yes / No Spouse? Yes / No Children?: Yes / No

Tribe: _____

Tribal Office Address:_____ State:_____ Zip_____

Employment/Training Documentation for Applicant:

Employer (Name / Contact Person): _____ Telephone: _____

Employer's Address: _____, CA Zip: _____

Work Schedule: _____

Do you normally work Holidays? Yes/No **Do you normally work weekends?: Yes/No**

School/Training Program (Name / Contact Person): _____

Telephone: _____

Training/School Address: _____, CA _____

Training/School Schedule:_____

You must provide a current work schedule and/or school schedule when applying. CCDF ITCC program has the right to contact your employer and/or school to verify employment/attendance along with income verification. **Any changes to your income level must be reported within 10 days to CCDF ITCC program.**

Children's Information:

Please list all children needing care, their birth date and number of hours per day of care needed:

Child:_____ D.O.B:____/____/____ Number of Hours:_____

Child:_____ D.O.B:____/____/____ Number of Hours:_____

Child:_____ D.O.B:____/____/____ Number of Hours:_____

Child:_____ D.O.B:____/____/____ Number of Hours:_____

Birth Certificates for each child are required and must accompany application.

Custody of Children:

If divorced/separated or never married to biological mother or father of children, do you have legal custody of your child(ren)? Yes/ No

If you have legal custody, include a copy of the Custodial Agreement issued by either a state court or tribal court.

Do the children live with you? __Yes; __No. **Do you share custody? __Yes; __ No.**
If you share custody what percentage of time does the child reside with you: ____%

Is the child under the ICWA process? __Yes; __No

Foster Care/Adoptive Care or Emergency Family Care:

Are you applying for a child under Foster Care/Adoptive Care or Emergency Care? Yes/No.
If so, please provide all supporting legal documents. List type: _____

Has your child(ren) have been diagnosed with a Special Needs? __Yes; __No

Please list child(ren) Name(s): _____

***If yes please submit the IEP/IFSP**

Emergency Contact:

Name of Person: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

I give ITCC/CCDF authority to contact this person on my behalf regarding the program, if the program cannot contact me. _____ Date:_____

Signature Required Above

By signing below, I give ITCC staff permission to contact my employer/training program, child's school and other county/State programs to verify the information given in this application is accurate.

Signature of Parents: _____ **Date:** _____

Official Use ONLY:

Missing Documents:

____Birth Certs; ___Income Verification; ___ Copy of Child's (ren) immunization record

____Parent's Work/school; ___App missing signatures;

__Other legal docs (_____) list the name of doc missing.

Letter sent to Applicant regarding missing documents on: _____; by _____

Date missing documents were finally tuned into CCDF program: _____ Rec'd by:_____

Approved by: _____ Date: _____

Family fee:_____; Time Period approved:_____; Hourly Rate approved:_____

PR done: _____; PO Returned: _____; Agreement Requested: _____

Notes: _____

_____

_____

Parent's Check List of Required Documents:

Make sure you attach the following documents with this application:

1. ___A Completed and signed application.
2. ___A copy of each child's immunization record
3. ___ A copy of each child's(ren) IEP/IFSP (if applicable)
4. ___A copy of your Social Security Card
5. ___A copy of your State Issued Driver's license or Identification Card
6. ___A copy of Divorce Judgment and/or Custody Award (if applicable)
7. ___A copy 3 months current pay stubs
8. ___A copy of your school schedule – please send each semester's registration and class schedule
9. ___A copy of your Tribal Card or letter from the Tribe supporting Tribal Membership
10. ___A copy of each child's birth certificate who need child care
11. ___A copy of court documents regarding Foster/Adoption of child

Provider's Check List of Required Documents:

Make sure you attach the following documents with this application:

1. ___Submission of all parts of this application that apply to the child care provider
2. ___A copy of the Provider's SSN Card, with the exception of Corporate Licensed Care;
3. ___A copy of the Provider's State-Issued Driver's License or Identification
4. ___A copy of the Provider's State-Issued Child Care License (only for licensed providers)
5. ___A copy of the Provider's W-9 Form. (Sole Proprietors MUST include their SSN and EIN on form)
6. ___A current TB Test for non-licensed Providers
7. ___A signed Independent Contractor Form

Please make sure that you include all the documents listed above with this application. This includes documents from you and your child care provider. Application not completed will be returned.

Completion of this application does not guarantee acceptance to the program. ITCC CCDF program will not pay for your child care provider while you await approval of you CCDF application. You will be responsible to pay your child care provider during this period.

Longer approval times will occur if there is limited or no funding for CCDF or your application is incomplete.

If accepted to the program, you will receive an ITCC CCDF contract detailing out the rate, hours of care and time frame. You must return the contract signed by both parties (parents and provider) in order to have ITCC CCDF program send the child care subsidy payment to your child care provider.

Providing false information is grounds for termination from the Inter-Tribal Council of California, Inc.'s Child Care & Development Fund program. If approved for child care subsidy, parents/guardians are required to submit proof of income every year and are eligible for up to 3 years of service so long as they remain eligible. Eligibility is determined by income, family size and qualified work/in school/training activity. Therefore, any changes to your eligibility must be reported immediately. You have the right to an appeal if you do not agree with your eligibility determination.

_____ _____

1st Parent/Guardian Signature **Date**

_____ _____

2nd Parent/Guardian Signature **Date**

Official Use ONLY Please | Valid From_____ To_____

INTER-TRIBAL COUNCIL OF CALIFORNIA, INC.

CHILD CARE & DEVELOPMENT BLOCK GRANT

VOUCHER FOR CHILD CARE & DEVELOPMENT FUND (CCDF) SERVICES

RECERTIFICATION

State-Licensed Providers

I, _____(provider name), am a California State-licensed provider seeking registration through ITCC's Child Care Program. ITCC strives to make child care rates **affordable** by using the Regional Market Rate Ceilings (RMR) for California. ITCC does not guarantee payment above the current RMR Ceilings. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. This program only services children until their 13th birthday. Providers in this category provide care in center-based or family home settings. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I Agree to provide child care services for _____ _____
(Print parent/guardian name) (Date)

Non State-Licensed Providers

I, _____(provider name), am a provider seeking registration through ITCC's Child Care Program and will comply with State laws regarding adult/child ratios and ITCC's Non State-Licensed Policies and other rules. ITCC strives to make child care rates **affordable** and will reimburse providers according to the current Regional Market Rate (RMR) Ceiling for children under 2 years old. For all other children, the first child older than 2 years will be paid $2.62/hour, the next three children $1.50/hour, and additional children $1.31/hour. This program only services children until their 13th birthday. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I Agree to provide child care services for _____ _____
(Print parent/guardian name) (Date)

Notes: *The Application process becomes effective on the date ITCC CCDF approves a completed application from the parents/guardians. NO EXCEPTIONS.* ***ITCC WILL NOT BE RESPONSIBLE FOR ANY SERVICES PRIOR TO THE APPROVAL DATE.***

The parent is the employer and conducts business directly with the provider; ITCC subsidizes payments to the provider who is an independent contractor. ITCC Child Care Program IS NOT AN EMPLOYER.

1st Parent/Guardian Print Name_____ Provider Print Name _____

Signature_____ Date_____ Provider Signature_____

Email Address_____ Date_____

2nd Parent/Guardian Print Name_____ Email Address_____

Signature_____ Date_____ Phone Number_____

Email Address _____

8/30/2012

Inter-Tribal Council of California Inc.
Child Care & Development Fund (CCDF) Services

Parent/Guardian Name:_____ **Provider Name:**_____
Child(ren) Name:_____

Date of Enrollment:_____

CCDF Enrollment Checklist

Family Information	Date
Contract (With both Provider and Parent/Guardian Signature as well ITCC CCDF Director and ITCC Executive Director) will be sent upon acceptance	
CCDF Eligibility Application	
Eligibility Verification (Income/Work, Schooling, Job Seeking)	
Proof of Tribal Membership (Parent or Children)	
Receipt of Age Verification	

Non-Licensed Providers	Date
Verification of 18 and over (Picture I.D. Card or CDL)	
Copy of Social Security Card	
Proof of TB test	
Self-Certification Form	
Family Care Home visit	
Trust line Background Check (CCDF will complete)	
W-9 Request for Tax Payer ID number and Certification	

State Licensed Providers	Date
Copy of Day Care License	
Copy of Current Rate Sheet	
Copy of Provider Policies and Procedures	
Site visit	
W-9 Request for Tax Payer ID number and Certification	

INTER-TRIBAL COUNCIL OF CALIFORNIA, INC.

CHILD CARE & DEVELOPMENT FUND (CCDF) SERVICES

Provider Self Certification Form

Name of Provider_____ Date_____

Maximum number of children in care (including Provider's own children) _____

Number of adults caring for children _____ Age range of children in care _____

		Yes	No
1.)	Licensing regulations are being followed. **(You must be licensed if you care for children from more than one family and who are not related to you. You do not need a license if you care for your children (or those of a relative), and children from only one other family.)**	____	____
2.)	Adults caring for children are participating in appropriate training.	____	____
3.)	Infants are placed to sleep on their backs.	____	____
4.)	Infants are always held during feeding.	____	____
5.)	Written policies are in place, parents get a copy.	____	____
6.)	The environment is safe and meets fire safety regulations.	____	____
7.)	Properly maintained fire extinguishers are readily available.	____	____
8.)	Working smoke detectors are in place.	____	____
9.)	There are at least 2 unblocked exits.	____	____
10.)	All windows are in good condition. Glass, screens, and locks work properly	____	____
11.)	The premises are free of hazardous materials.	____	____
12.)	There is sufficient heating and cooling to maintain a temperature that will not harm children.	____	____
13.)	The home is safe, clean, and in good repair.	____	____
14.)	Electrical sockets are covered when not in use.	____	____
15.)	Food storage and preparation areas are clean.	____	____
16.)	Drinking water is accessible to children.	____	____

17.)	Nutritious meals and snacks are provided.	_____	_____
18.)	Children do not have access to guns or other hazardous materials.	_____	_____
19.)	Garbage is disposed of often enough to prevent odor or attract insects and rodents.	_____	_____
20.)	Car safety seats and restraint devices are available and used when transporting children.	_____	_____
21.)	Toys and play equipment are clean and safe.	_____	_____
22.)	Toys, equipment and books are age and developmentally appropriate.	_____	_____
23.)	Outside play areas are fenced or adult supervised.	_____	_____
24.)	Outside play areas are safe, free of litter and weeds and in good repair.	_____	_____
25.)	First aid kit and emergency supplies are available.	_____	_____
26.)	An emergency evacuation plan is posted.	_____	_____
27.)	Children have age-appropriate immunizations.	_____	_____
28.)	Proper sanitation is practiced to reduce the spread of infectious disease.	_____	_____
29.)	Appropriate hand-washing procedures are used by staff and children.	_____	_____
30.)	Written policies are in place to identify situations where ill children will or will not be permitted at the site.	_____	_____
31.)	Standard precautions for cleaning up body fluids are followed.	_____	_____
32.)	Background checks are completed for adults working with children.	_____	_____

Name(s) of other adults living in your home_____

_____

I certify that all information above is accurate and that I will maintain all tribal child care requirements when caring for children receiving tribal reimbursement.

Provider Signature_____ Date_____

10/13/09

INTER-TRIBAL COUNCIL OF CALIFORNIA, INC.

CHILD CARE & DEVELOPMENT FUND (CCDF) SERVICES

PROVIDER / INTAKE FORM

A. **PROVIDER NAME:** _____

B. **COUNTY:** _____

C. **ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE:** Yes / No
IF YES, WHAT TRIBAL AFFILIATION: _____

D. **RELATED:** Yes / No

E. **TYPE OF CARE PROVIDED:** (Circle One) Day Care Night Care Weekend Care Other

F. **LOCATION WHERE CARE WILL BE PROVIDED:** _____

G. **DEFINITIONS:** Circle one

NON LICENSED PROVIDERS

1. Family home by ☐ Grandparent ☐ Aunt/Uncle ☐ Sibling not living in house ☐ Other Relative
2. Family home by a non-relative
3. Center (relative and non-relative)

LICENSED PROVIDERS (relatives and non relatives)

4. Family home
5. Group home
6. Center

10/13/09

H. LIST ALL MEMBERS LIVING IN THE PROVIDER'S HOUSEHOLD:

NAME	RELATIONSHIP	AGE	GRADE/OCCUPATION	EMPLOYED

I. Providers are paid based on the Regional Market Rate for their county if state-licensed or serving children under two (2) years of age. Non-state licensed providers are paid as follows:

$3.12 per hour for the first child
$2.00 per hour for the second, third and fourth
$1.81 for the fifth child and beyond

J. Although ITCC CCDF does inform parent(s)/guardian(s) about any co-pay due, co-payments are the responsibility of the parents/guardians and must be worked out directly with the provider.

Initials: _____ _____
Parent(s)/Guardian(s) Provider

ITCC CHILD CARE SERVICES PROGRAM
TIME SHEET FOR PAYMENT
ATTENDANCE RECORD

Chemehuevi
TRIBAL RESERVATION/RANCHERIA
PLEASE PRINT NAME

TIME PERIOD
Month: March 22
Pay Period 16th thru 31st

Child's Name John Smith
Child's Age 6
County San Bernardino
Cost $3.00
Hourly X
Daily ___
Weekly ___
Monthly ___

ATTENTION PARENTS/PROVIDERS
* COMPLETE TIME IN AND OUT AND INITIAL.
* PARENT INITIAL TIME IN.
* PROVIDER INITIAL TIME OUT.
* ENTER "A" FOR *ABSENT* IN BOX IF NO CARE USED AND STATE EXPLANATION ON REVERSE SIDE.

Inter-Tribal Council of California, Inc.
3425 Arden Way
Sacramento, CA 95825

PROVIDERS: RETURN THIS FORM FOR PAYMENT

SCHOOL DAY ✓ (Monday) — NO School (Tuesday) — Absent (Saturday)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Week 1	IN TIME IN TIME	IN NM TIME 7:00 IN NM TIME 3:00	IN NM TIME 8:00 IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME A	
	OUT TIME OUT TIME	OUT NM TIME 8:00 OUT NM TIME 5:00	OUT NM TIME 5:00 OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	WEEK TOTAL ___
Week 2	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	
	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	WEEK TOTAL ___
Week 3	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	IN TIME IN TIME	
	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	OUT TIME OUT TIME	WEEK TOTAL ___

SAMPLE

Provider's Name (Print) Nina Moreno
Parent's Signature [signature] Date 3/22
TOTAL ___

Provider's Signature [signature] Date 3/22

APPROVED BY ___
DATE ___

TOTAL HOURS ___

White Copy-ITC • Canary Copy-Parent • Pink Copy-Provider

TIME PERIOD

Month: ____________________

Pay Period 1st thru 15th

ITCC CHILD CARE SERVICES PROGRAM
TIME SHEET FOR PAYMENT
ATTENDANCE RECORD

____
TRIBAL RESERVATION/RANCHERIA
PLEASE PRINT NAME

Inter-Tribal Council of California, Inc.
3425 Arden Way
Sacramento, CA 95825

Child's Name ____________________

Child's Age ____________________

County ____________________

Cost ____________________

Hourly ___
Daily ___
Weekly ___
Monthly ___

ATTENTION PARENTS/PROVIDERS
* COMPLETE TIME IN AND OUT AND INITIAL.
* PARENT INITIAL TIME IN.
* PROVIDER INITIAL TIME OUT.
* ENTER "A" FOR *ABSENT* IN BOX IF NO CARE USED AND STATE EXPLANATION ON REVERSE SIDE.

PROVIDERS: RETURN THIS FORM FOR PAYMENT

SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______
SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______
SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______

Provider's Name (Print) ____________________ Parent's Signature ____________________ Date ______ TOTAL ______

Provider's Signature ____________________ Date ______

APPROVED BY ____________________

DATE ____________________

TOTAL HOURS [ ]

White Copy-ITC • Canary Copy-Parent • Pink Copy-Provider

TIME PERIOD

Month: ____________________

Pay Period 16th thru 31st

ITCC CHILD CARE SERVICES PROGRAM
TIME SHEET FOR PAYMENT
ATTENDANCE RECORD

____
TRIBAL RESERVATION/RANCHERIA
PLEASE PRINT NAME

Inter-Tribal Council of California, Inc.
3425 Arden Way
Sacramento, CA 95825

Child's Name ____________________

Child's Age ____________________

County ____________________

Cost ____________________

Hourly ____
Daily ____
Weekly ____
Monthly ____

ATTENTION PARENTS/PROVIDERS
- ✻ COMPLETE TIME IN AND OUT AND INITIAL.
- ✻ PARENT INITIAL TIME IN.
- ✻ PROVIDER INITIAL TIME OUT.
- ✻ ENTER "A" FOR *ABSENT* IN BOX IF NO CARE USED AND STATE EXPLANATION ON REVERSE SIDE.

PROVIDERS: RETURN THIS FORM FOR PAYMENT

SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______
SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______
SUNDAY				MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				
IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	[illegible]	TIME	IN	TIME	IN	TIME	IN	TIME	IN	TIME	
OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	OUT	TIME	WEEK TOTAL ______

Provider's Name (Print) ____________________ Parent's Signature ____________________ Date ________ TOTAL ________

Provider's Signature ____________________ Date ________

APPROVED BY ____________________

DATE ____________________

TOTAL HOURS [ ]

White Copy-ITC • Canary Copy-Parent • Pink Copy-Provider

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▷ .....
☐ Other (see Instructions) ▷

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▷ Date ▷

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

COLORADO RIVER SERVICE UNIT

Chemehuevi Clinic

Thyroid Awareness Month

2026 January

Cervical Cancer Awareness Month

(760) 858-4790
1970 Palo Verde Drive
Havasu Lake, CA 92363

PRC Referral Questions: (928) 669-7578
Office Hours: M-F, 8:00am to 5:00pm

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1	2 Clinic Closed
5 PCP–Tina Evenson, NP	6	7 PCP–Tina Evenson, NP Podiatry-Dr. Palmquist Dental - Dr. Chami Hygienist-Nida Lerch	8	9
12 PCP–Tina Evenson, NP	13	14 PCP–Tina Evenson, NP Benefits-Daryl James PRC - Lola Ward	15	16 PCP–Tina Evenson, NP Dietician-Brenda Bourn
19 MLK DAY Clinic Closed	20 PCP–Tina Evenson, NP	21 PCP–Tina Evenson, NP	22	23
26 PCP–Tina Evenson, NP	27	28 PCP-Tina Evenson, NP Optometry-Dr. Hogan Dental - Dr. Smith	29	30 PCP–Tina Evenson, NP

TO SCHEDULE A DELIVERY

PLEASE CALL

A&B PROPANE

928-854-4099

WWW.ABPROPANEAZ.COM

JANUARY 16TH

ALL DELIVERIES ARE C.O.D OR PREPAY ONLY

HAVASU LANDING
RESORT | CASINO | HOTEL
"An Enterprise of the Chemehuevi Indian Tribe"

FERRY BOAT SCHEDULE

EFFECTIVE NOVEMBER 2, 2025 DAY LIGHT SAVINGS CA TIME CHANGE

DAILY DEPARTURE TIMES FROM LONDON BRIDGE LAKE HAVASU CITY, AZ

CA TIME	AZ TIME
5:45AM	6:45AM
6:45AM	7:45AM
7:45AM	8:45AM
10:00AM	11:00AM
11:00AM	12:00 NOON
12:00 NOON	1:00PM
1:00PM	2:00PM
2:00PM	3:00PM
3:00PM	4:00PM
4:00PM	5:00PM
5:00PM	6:00PM
6:00PM	7:00PM
7:00PM	8:00PM
8:00PM	9:00PM
9:00PM	10:00PM
10:00PM	11:00PM
11:00PM	12:00AM
12:00AM	1:00AM

DAILY DEPARTURE TIMES FROM HAVASU LANDING HAVASU LAKE, CA

CA TIME	AZ TIME
6:15AM	7:15AM
7:15AM	8:15AM
9:30AM	10:30AM
10:30AM	11:30AM
11:30PM	12:30PM
12:30PM	1:30PM
1:30PM	2:30PM
2:30PM	3:30PM
3:30PM	4:30PM
4:30PM	5:30PM
5:30PM	6:30PM
6:30PM	7:30PM
7:30PM	8:30PM
8:30PM	9:30PM
9:30PM	10:30PM
10:30AM	11:30PM
11:30AM	12:30AM
12:30AM	1:30AM

*** FERRY WILL OPERATE UNTIL 2:30AM CA TIME & 3:30AM AZ TIME ON FRIDAY AN SATURDAYS ONLY ***

WEATHER CONDITIONS MAY DELAY OR CANCEL FERRY
REGULARLY SCHEDULED DEPARTURES AND ARRIVALS
BOAT ALWAYS OPERATES ON ARIZONA TIME

WE ARE HIRING

JOIN OUR TEAM!

TERO

TRIBAL EMPLOYMENT RIGHTS OFFICE

WHAT DO WE DO?

1. The TERO program enforces tribally enacted American Indian preference law, which ensures American Indians gain their rightful share of employment, training, contracting, subcontracting, and business opportunities occurring on or near reservations.

2. The Chemehuevi Tribal Employment Rights Office (TERO), by virtue of a contractual agreement with the Equal Employment Opportunity Commission (EEOC), is authorized to interview and counsel individuals with potential employment discrimination charges. The TERO employees address draft charges of alleged violations of Title VII, file complaints with the EEOC and attempt to resolve the charge by mediation within 30 days.

3. Call the TERO Office if you are a youth worker 14 - 17 or an adult looking for a temporary job

OR

If you want to speak with someone about a discrimination issue

CONTACT

VARNER ESCOBAR
TERO OFFICER

760-858-5100
DIR.TERO@CIT-NSN.GOV

T.E.R.O.

HOURS OF OPERATION

MONDAY – FRIDAY

7:30AM – 4:00PM

2026 Monthly Tribal Council Meetings

1. Saturday, January 31, 2026
2. Saturday, February 28, 2026
3. Saturday, March 28, 2026
4. Friday, April 24, 2026
5. Saturday, April 25, 2026 (Annual Meeting)
6. Saturday, May 30, 2026
7. Saturday, June 27, 2026
8. Saturday, July 25, 2026
9. Saturday, August 29, 2026
10. Saturday, September 26, 2026
11. Saturday October 24,2026
12. Saturday, November 21, 2026
13. Saturday, December 19, 2026

2026 TRIBAL HOLIDAY LIST

Thursday, January 1	New Year's Day (2026)
Monday, January 19	Martin Luther King Jr.'s Day
Monday, February 16	Presidents' Day
Monday, May 25	Memorial Day
Friday, June 12	Nüwüvi Days
Friday, June 19	Juneteenth
Friday, July 3	Independence Day
Monday, September 7	Labor Day
Friday, September 11	California Indian Days
Monday, October 12	Indigenous Peoples Day
Wednesday, November 11	Veterans Day
Wednesday, November 25 Thursday, November 26 Friday, November 27	Half -Day Thanksgiving Day Day After Thanksgiving
Thursday, December 24 - Half day Friday, December 25	Christmas Eve Christmas day
Thursday, December 31 - Half day Friday, January 1	New Year's Eve New Year's Day (2027)

2026 CIT Tribal Holiday List – Approved by Tribal Council December 29, 2025

Newsletter

Due-Date's

January

Jan.7th.2026
by 12pm noon
PDF Format ONLY

February

Feb.11th.2026
by 12pm noon
PDF Format ONLY

March

Mar.11th.2026
by 12pm noon
PDF Format ONLY

April

April.8th.2026
by 12pm noon
PDF Format ONLY

May

May.6th.2026
12pm noon
PDF Format ONLY

June

June.10th.2026
12pm noon
PDF Format ONLY

July

July.8th.2026
12pm noon
PDF Format ONLY

August

Aug.12th.2026
12pm noon
PDF Format ONLY

September

Sept.9th.2026
12pm noon
PDF Format ONLY

October

Oct.7th.2026
12pm noon
PDF Format ONLY

November

Nov.11th.2026
12pm noon
PDF Format ONLY

December

Dec.9th.2026
12pm noon
PDF Format ONLY

Updates what's happening
ALL SUBMISSION ARE TURNED INTO
exec.sec@cit-nsn.gov

COUNCIL PACKET

DUE DATES

JANUARY	FEBRUARY	MARCH
21ST BY 12PM NOON IN PDF FORMAT ONLY	18TH BY 12PM NOON IN FDF FORMAT ONLY	18TH BY 12PM NOON IN PDF FORMAT ONLY
APRIL	**MAY**	**JUNE**
15TH BY 12PM NOON IN PDF FORMAT ONLY	20TH BY 12PM NOON IN PDF FORMAT ONLY	17TH BY 12PM NOON IN PDF FORMAT ONLY
JULY	**AUGUST**	**SEPTEMBER**
15TH BY 12PM NOON IN PDF FORMAT ONLY	19TH BY 12PM NOON IN PDF FORMAT ONLY	16TH BY 12PM NOON IN PDF FPRMAT ONLY
OCTOBER	**NOVEMBER**	**DECEMBER**
14TH BY 12PM NOON IN PDF FORMAT ONLY	18TH BY 12PM NOON IN PDF FORMAT ONLY	9TH BY 12PM NOON IN PDF FORMAT ONLY

ALL COUNCIL PACKETS NEED TO BE TURNED IN BEFORE 12PM NOON ON WENESDAY. ANYTHING AFTER 12PM NOON WILL NOT BE ACCEPTED. PLEASE EMAIL YOUR SUBMISSION TO exec.sec@cit-nsn.gov

(1) HARD COPY TURNED INTO EXECTIVE SECRETARY BEFORE 12PM NOON.

CHEMEHUEVI DIABETES DEPARTMENT

Healthy Cooking Class

Pumpkin chicken enchiladas

January 27, 2026
10:00 am - 11:00 am
COMMUNITY CENTER

Class size is limited, You must register by January 12, 2026 to participate.

Participants receive a fruit and vegetable voucher to the HLR Market

For more information or to sign up, please call
Anna Drum-Lynch 760.858.4240

Chemehuevi Diabetes Department

New Year New Goals

Diabetes Education

TOGETHER WE CAN MAKE CHANGES FOR THE BETTER

Set your own dates

Set your own times

- Healthy eating
- Being active
- Monitoring
- Medications
- Problem solving
- Healthy coping
- Reducing risk

Anna Drum-Lynch
Phone: 760.858.4240
Email: diabetes@cit-nsn.gov

CHEMEHUEVI DIABETES DEPARTMENT

Walking Siwa'Vaats

Walk for a Healthier YOU!

Start date January 12, 2026
9am-10am
Monday and Friday

Encourage a healthy community through fitness and awareness.

To register: Contact Anna Drum-Lynch 760.858.4240

Chemehuevi Diabetes Department

Lunch & Learn

Topic: Diabetes GOALS 2026
By: I.H.S Dietitian Brenda Borne & Jean Golding

When: January 13, 2026
Time:11am-12pm
Where: Chemehuevi Community center

Registration is required by 01/8/2026

Questions? contact Anna Drum-Lynch 760.858.4240

BE PREPARED *for Sick Days*

Stay on a straight path. Be in a good way.

People with diabetes can get sick even when doing their best to maintain balance. On sick days, managing blood sugar can be difficult. Work with your health care team to make a plan to be prepared when sick.

Prepare Before Getting Sick

✚ PROTECT YOURSELF

Vaccines help protect against many preventable illnesses such as the flu, pneumonia, respiratory syncytial virus (RSV), and coronavirus. Be sure to get your annual vaccinations to help prevent getting sick or shorten its duration.

✚ HAVE ON HAND

Medicines and Supplies:

- Diabetes medication(s)
- Glucose testing supplies
- Thermometer
- Glucose tablets or gels
- Fever/Pain relievers
- Medicine to control diarrhea
- Antacid

Food and Fluids:

Easy to prepare and contains carbohydrate:

- Sports drinks or juice
- Gelatin or applesauce
- Cereal or crackers
- Chicken soup
- Popsicles

✚ DISCUSS WITH YOUR HEALTHCARE TEAM

- When to call your doctor or go to an emergency room
- How frequently to check your blood sugar
- How to adjust your insulin or oral medication, if necessary
- Which over-the-counter medications are recommended for colds or the flu

Practice preventive measures daily, such as avoiding people who are sick, covering your mouth when you cough, wearing a mask, and washing your hands often.

Produced by the IHS Division of Diabetes Treatment and Prevention. For more diabetes information and materials, visit www.ihs.gov/diabetes. 07/2024

Free Diabetes Education Materials
Scan Now!

On Days You Are Sick

✚ TAKE YOUR MEDICINE

- Continue taking your diabetes medications as usual, or adjust according to your sick day plan.

✚ MONITOR

- Test your blood sugar regularly and manage highs and lows as illness can cause fluctuations.
- Check your temperature every morning and evening. Call your provider if your temperature is 101°F or more for 24 hours.

✚ STAY HYDRATED

- Drink clear liquids like water, tea, broth, and calorie-free fluids to prevent dehydration.
- Try to drink 4 to 6 ounces every half-hour.

Seek Medical Care

✚ CONTACT YOUR PROVIDER IF YOU ARE:

- Unable to keep fluids down for more than 4 hours.
- Unable to eat or keep foods down for 24 hours.
- Unable to keep down medications.
- Vomiting or have diarrhea for more than 6 hours.
- Feeling unusually sleepy or can't think clearly.

It can be hard to eat when sick. Try to eat or drink 50 grams of carbohydrates every 4-5 hours:

- ½ cup of applesauce or 4 ounces of fruit juice with 12 soda crackers

✚ CALL 911 OR GO TO THE EMERGENCY ROOM IF YOU HAVE:

- Difficulty breathing
- Chest discomfort
- Abdominal pain
- High fever over 101° F for 24 hours
- Blood sugars consistently LESS than 60 mg/dL or MORE than 240 mg/dL, and are unable to correct them

Talk with your health care team about making a sick day plan. Write down your plan, including your provider's name and phone number, and share your plan with a family member or a caregiver.
Provider's Name: _____ Contact Number: _____

Produced by the IHS Division of Diabetes Treatment and Prevention. For more diabetes information and materials, visit www.ihs.gov/diabetes. 07/2024

Free Diabetes Education Materials
Scan Now!

Department of Housing

Housing Office hours are 7:30 a.m.—4:00 p.m.
Maintenance Office hours are 6:30 a.m.—3:00 p.m.
Phone: 760-858-4564 Email: recp.hsg@cit-nsn.gov

1-4 bedroom homes are soon to be available to low-income Chemehuevi Tribal Members and other Native Americans. Quail Trail 1-2 bedrooms apartments are available for qualified low-income families regardless of race. If interested contact Housing for an application or you can stop by and pick one up. Keep in mind Housing does have waiting lists for both programs. Tribal list posted in the Housing lobby.

FY 2024 INCOME LIMITS DOCUMENTATION SYSTEM FOR CALIFORNIA
Extremely Low Income Limits

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
$35,900	$41,000	$46,100	$51,250	$55,350	$59,450	$63,550	$67,650

NOTICE: If you aren't feeling well, please call Housing personnel rather then visiting the office. If you prefer not to visit the Housing office with your payments Chrissy or Housing Administrative employees can process electronic payments with debit or credit cards. Housing Drop-box is also available at the

PEST CONTROL

Bug Emergency was out to spray December 4th & 18th. Be advised they do spray backyards if gate is unlocked.

NEXT SPRAY

Will be January 8th & 22nd of 2026.

COVID BAGS

Housing Department is offering Covid bags to Community members that are affected by Covid, please call Housing Department for info.

Community Christmas Dinner 2025.

American Rescue Plan. **Although we are currently not accepting new applications Housing continues to work n this program.**

HEAP Applications: Care Act Funding available. Housing has received the new 2025 applications. Please contact Housing if you would like an application or if you need any assistance completing the forms. You will need to bring all pages of your current electric bill and propane. Receipt, valid identification, also bring our social security cards for household members and proof of income.

A&B Propane: **If you interested in their service, please give Housing Department a call, or you can call them direct @ 928-854-4099. Their next scheduled delivery January 2025.**

Ferrellgas: **is still offering propane, an account must be created first. All deliveries will not be charged taxes or other fees. Please contact Ferrellgas directly and let them know you are paying with a credit card o debit card to be considered for an upcoming delivery. To make arrangements, please contact: Katy Rankin, Customer Service Specialist, phone number is 928-445-3940. Her email address is KatyRankin@ferrellgas.com**

UPCOMING EVENTS

January 16, 2026—A&B Propane.

January 19, 2026—Martin Luther King Jr. Day/Office Closed.

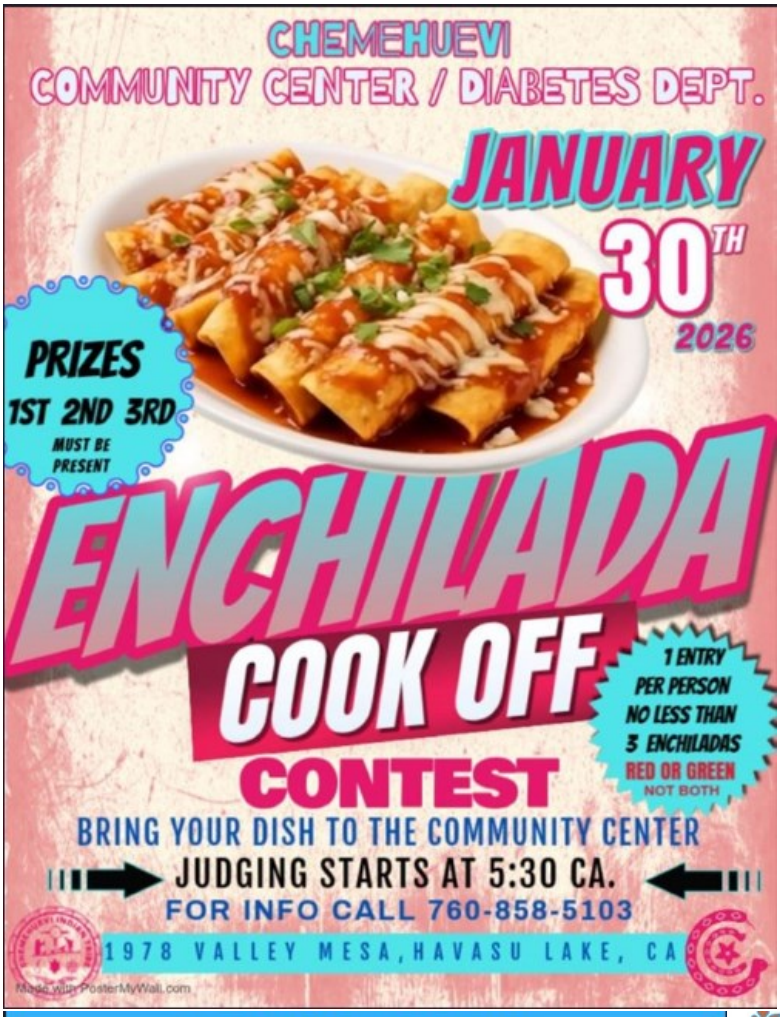
SENIOR INFORMATION & ASSISTANCE

The Department of Aging & Adult Services' Senior Information & Assistance Program staff will be available to answer questions and provide information about programs and services available to you!

PLEASE JOIN US! Every 4th Wednesday of the month 10 AM-12 PM

CHEMEHUEVI COMMUNITY CENTER JANUARY ACTIVITIES

MONDAY	TUESDAY	WEDNES-	THURSDAY	FRIDAY	SATURDAY
MONDAY— SATURDAY 10AM - 6PM SNACK @3PM DINNER @5PM FOR QUESTIONS OR INFO CALL 760-858-5103 CALENDAR AND EVENTS SUBJECT TO CHANGE FOLLOW US ON FACEBOOK FOR UPDATES AND FLYERS 2026			1. COM. CTR CLOSED FOR HOLIDAY	2. NINTENDO Wii BOWLING	3. GAME ROOM
5. ARTS & CRAFTS	6. A.S.A.P FAMILY GAME NIGHT 4:30-6PM	7. OPEN GYM 12:30-5PM	8. YOUTH HULA HOOP COMPETITION	9. GAME ROOM	10. OPEN GYM 12:30-5PM
12. BOARD GAMES	13. WINTER ROCK PAINTING	14. ICE SKATING LONDON BRIDGE 3-6PM	15. YOUTH BINGO	16. YOUTH TWISTER BADMINTON	17. GAME ROOM
19. COM. CTR CLOSED FOR HOLIDAY	20. BOARD GAMES	21. OPEN GYM 12:30-5PM	22. YOUTH GIANT JENGA TOURNAMENT	23. 18+ CORN HOLE TOURNAMENT 5-8PM * SNACK BAR	24. OPEN GYM 12:30-5PM
26. ARTS & CRAFTS	27. YOUTH PING PONG COMPETITION	28. OPEN GYM 12:30-5PM	29. YOUTH CROSSWORD PUZZLE CONTEST	30. ENCHILADA COOK OFF 5-6PM	31. GAME ROOM ALL EVENTS ARE ON CALIFORNIA TIME (PST)



Community Center Events

CHEMEHUEVI DIABETES DEPARTMENT

COMMUNITY GARDEN EVENT

January 21, 2026 | 9-10AM

Meet at the Ag building and tour the farm with Our farm Manager Joseph Jimenez

JOIN US

→ *Lets see what we can grow together!*

CHEMEHUEVI INDIAN TRIBE

Questions? Contact Anna Drum-Lynch at 760.858.4240

Chemehuevi Indian Tribe
Code Enforcement
P.O. Box 1976
Havasu Lake Ca. 92363
(760)401-4207
aco@cit-nsn.gov

Hello Tribal Members,

Happy New Year.

The Weather here is rainy and wet. Much needed rain has saturated the desert. Desert plants are looking real healthy especially the Sage Brush. The desert floor is green with vegitation blanketing the land.

The department has received its new pontoon boat. This boat was built to serve the Code Enforcement Department. On board PA System, Lights, and Siren. A wash down system was added to make sure the department can clean the boat off after each use.

The Burro Round Up has come to a halt. Only thing left is for BLM to remove the Corrals.

Annual Pet License sales are underway $10 Each. After January 16th, the price will go up to $15 dollars per pet that resides on the reservation for more than 4 months out of the year.

The Code Enforment department has a new officer Guy Barton, a person with much Conservation, and wildland experience. If you see him around the rez, make sure to wave and welcome him to the area.

Respectfully Submitted,
Frederick Rivera
Chief Code Enforcement Officer


January 2026
Health & Wellness Center
SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
28
29
Dry January Challenge this month
30
31
HOLIDAY OFF 1
2
3
4
AA Meeting Topock 6pmAZ
Ribbon Skirt Day
Celebrate Recovery@6:30pmAZ 5
AA Firehouse Group @ 5:30pm
Family Game Night @ 4:30-6pm 6
Talking Circle @8am 7
Elder's Gathering @11am 8
Relapse Prevention Group @6:30pm 9
10
11
AA Meeting Topock 6pmAZ
Celebrate Recovery @6:30 pmAZ 12
AA Firehouse Group @ 5:30pm
13
AA Womens Ft Mohave 6pm AZ
Talking Circle @8am 14
15
16
17
18
HOLIDAY OFF 19
AA Firehouse Group @5:30pm
Wellness Walk @4:30pm 20
Talking Circle @8am 21
22
Relapse Prevention Group @6:30pm 23
24
AA Meeting Topock 6pmAZ 25
Celebrate Recovery @6:30pmAZ 26
AA Firehouse Group @5:30pm
27
AA Womens Ft Mohave 6pm AZ
Talking Circle @8am 28
29
30
31
CHR Meds Mondays
GAS Cards 8-12pm/1-4pm Tuesdays
CHR Meds Wednesdays
GAS Cards 8-12pm/1-4pm Thursdays
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Health & Wellness Dept.

CHEMEHUEVI HEALTH & WELLNESS CENTER

ASAP MEETINGS

ASAP Director:
Miranda Wert
760-858-5428

Peer Recovery Specialist:
Miranda V.
760-284-3794

Peer Recovery Specialist:
Gylene N.
760-302-4076

Meetings are open and welcome to all tribal members, tribal spouses, Chemehuevi community and Havasu Landing employees and residents.

"Together We Are Stronger"

Mondays: AA Firehouse Group Co-Ed @Friendship Hall 5:30pm (CA Time) Ferry Pick up available (call Miranda V.)

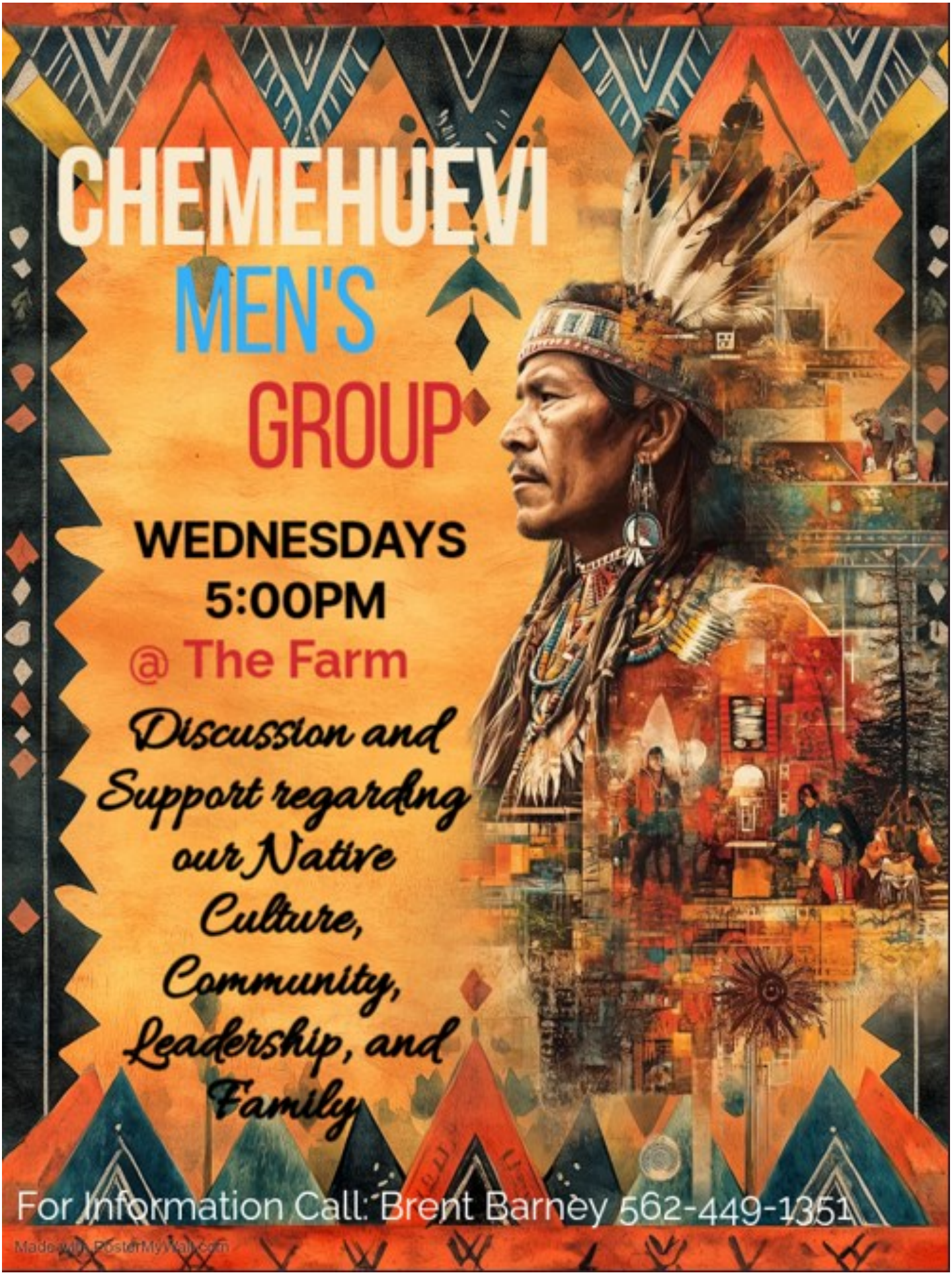
Celebrate Recovery Co-Ed @Calvary Baptist Church, Lake Havasu AZ 6:30pm (AZ Time) We take the 4:30 (CA Time) ferry across & have transportation on AZ side available (call Gylene)

Tuesdays: AA Women's Group Every other Tuesday @ Ft Mohave Indian Tribe 6pm (AZTime) Meet at Health & Wellness Center at 4:40pm (CATime)Transportation available (call Miranda V.)

Wednesdays: Talking Circle Co-Ed@ Nuwuvi Park 8am (CA Time) Transportation is available. (call Gylene)

Fridays: Relapse Prevention Group Co-Ed Every other Friday @ Health & Wellness Dept Building 6:30pm (CA Time) Transportation available (call Miranda V.)

Sundays: AA Meeting Topock Co-Ed Every other Sunday @ Topock 6pm (AZ Time) Meet at Health & Center at 4pm (CA Time) for transportation (call Miranda V.)


CHEMEHUEVI
MEN'S
GROUP
WEDNESDAYS
5:00PM
@ The Farm
Discussion and Support regarding our Native Culture, Community, Leadership, and Family
For Information Call: Brent Barney 562-449-1351

Volume 2026♦ Issue {#1

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CHEMEHUEVI INDIAN TRIBE

A MONTHLY PUBLICATION OF THE CHEMEHUEVI INDIAN TRIBE

JANUARY, 2026

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